PRINTED: 10/19/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4869CTC 09/30/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 RECORD STREET WESTCARE/COMMUNITY TRIAGE CENTER-RENO **RENO. NV 89512** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 **Initial Comments** C 000 Surveyor: 21044 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The survey was conducted using Nevada Administrative Code (NAC) 449, Community

Nevada State Board of Health on July 14, 2006.

This Statement of Deficiencies was generated as a result of the State Licensure survey conducted in your facility on 9/30/09.

Triage Centers Regulations, adopted by the

The facility is licensed for twenty Community
Triage Center beds. Sixteen employee files
were reviewed, eight resident files were reviewed
and one discharged resident file was reviewed.

The following deficiencies were identified:

C 370 NAC 449.74343(4)(e)(5) P & P concerning SS=C employees

NAC 449.74343 P&P concerning employees.

- 4. Each facility shall:
- (e) Maintain a personnel record for each employee of the facility. The record must include, without limitation:
  - (5) Job performance evaluations;

This Regulation is not met as evidenced by: Surveyor: 21044

Based on record review on 9/30/09, the facility

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

C 370

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVN4869CTC				B. WING		09/30/2009		
			ORESS, CITY, STATE, ZIP CODE  ORD STREET					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION  CH CORRECTIVE ACTION SHOULD BE  SS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  (X5)  COMPLETE  DATE		
C 370	evaluations on 3 of 6	nual job performance employees employed ee #1, Employee #2 ai		C 370				
C 585 SS=A	NAC 449.74351 1. Each facility sh (c) A contract for service with a license.  This Regulation is no Surveyor: 21044 Based on record revi	24-hour pharmaceutic	ces. cal y: cility	C 585				
C 755 SS=F	Severity: 1 Scope: 1  NAC 449.74359(3) Dietary services  NAC 449.74359 Dietary services.  3. Menus must be planned and followed to meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.		C 755					
	Surveyor: 21044	ot met as evidenced b	y:					

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NVN4869CTC				B. WING		09/3	09/30/2009	
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 00.0	00/2000	
WESTCARE/COMMUNITY TRIAGE CENTER-RENO				RECORD STREET O, NV 89512				
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C 755	Continued From page	e 2		C 755				
	interviews on 9/30/09, the menus did not follow the nutritional needs of the patients because the were not designed by a dietician or a dietetic technician.  Severity: 2 Scope: 3							
C 770 SS=F				C 770				
C 810 SS=F	Surveyor: 21044 Based on record reviet the facility failed to hat technician consult at planning and serving Severity: 2 Scope: 3 NAC 449.74359(8)(a) NAC 449.74359 Diet 8. A facility with m (a) Comply with all chapter 446 of NRS pursuant thereto;	of meals.  3  Dietary services	30/09, ic hall: of opted	C 810				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB  NVN4869CTC			( ) ==		(X3) DATE SURVEY COMPLETED			
			DRESS, CITY, STATE, ZIP CODE					
WESTCARE/COMMUNITY TRIAGE CENTER-RENO 315 RECOI			RD STREET 89512					
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C 810	Continued From page 3  Surveyor: 21044  Based on interview, observation and record review on 9/30/09, the facility failed to comply with chapter 446 of NRS. Chapter 446 of NRS governs food establishments and the facility was storing and preparing food for residents without a food establishment permit.  Severity: 2 Scope: 3  NAC 449.74359(8)(b) Dietary services			C 810				
SS=F	(b) Obtain the necessary Bureau of Health Pro- Health Division;  This Regulation is not Surveyor: 21044 Based on observation review on 9/30/09, the food permit after they preparing food for research.	nore than 10 patients spessary permits from the decision Services of the specific part as evidenced by an interview and record to the facility failed to obtain a began storing and sidents.	ne e y:					
C1085 SS=F	NAC 449.74371 4. Each facility shenvironment of the famay cause accidents	afety and sanitation Safety and sanitation. hall ensure that the acility is free of hazards	s that	C1085				
	This Regulation is not met as evidenced by:							

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4869CTC 09/30/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 RECORD STREET WESTCARE/COMMUNITY TRIAGE CENTER-RENO **RENO, NV 89512** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C1085 Continued From page 4 C1085 Surveyor: 21044 Based on observation on 9/30/09, the facility was not free of hazards that may cause accidents (unsecured oxygen tank stored in the lower drawer of the crash cart). Severity: 2 Scope: 3